

## Documenting the Cause of Death on an Arizona Death Certificate by Medical Certifiers

Under Arizona Revised Statutes and Arizona Administrative Code, certain types of death are required to be reported to the Office of the Medical Examiner. Some of these deaths will fall under Medical Examiner's jurisdiction while others, after further review, will be declined placing legal responsibility for cause of death certification on the physician (s) who provided current care.

The majority of deaths reported to the Medical Examiner are patients who had a well-documented history of a potentially fatal disease and whose death, after Medical Examiner review, was deemed to be of a natural manner. In the latter category, the Medicolegal Death Investigators will call the attending/ primary care physician (medical certifier) to inform the physician that his/her patient has expired and that he/she will be required to certify the cause of death and sign the death certificate.

The urgency of obtaining the patient's accurate information and the necessity of communicating timely with the treating physician, at the time of the patient's death cannot be overstated. This communication with Medicolegal Death Investigators will allow the family to proceed with their arrangements, and begin their grieving process. This crucial communication will also provide you the opportunity to express any legitimate concerns you may have that the death was not natural (e.g., suspicion of drug abuse, nefarious activities of relatives, etc.).

Physicians may also report the death directly to the Office of the Medical Examiner by calling 602-506-1138.

### Frequently Asked Questions:

#### ***My patient died at home and I was not present. Doesn't the Medical Examiner certify all unattended deaths?***

Per Arizona law, an unattended death does **not** refer to whether or not a physician was present at the time of death. **"Unattended" means** that the decedent was not under the current care of a licensed physician. **"Current Care" means** that a health care provider has examined, treated or provided care for a person for a chronic or acute condition within eighteen (18) months preceding that person's death.

Current care does **not include** services provided in connection with a single event of emergency or urgent care. Therefore, if you treated the decedent within eighteen (18) months preceding the death, whether you were present at the time of death or not, **you are legally obligated** to certify the cause of death.

#### ***How does the Medical Examiner know that this is my patient?***

Typically, the telltale sign is prescription medication bottles at the scene. These bottles document the physician's name, and provide additional insight into when the patient was last evaluated (via telephone or in person) by the physician (or his designee).

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Although a prescription bottle may not indicate that you physically saw the patient recently, according to A.R.S. 36-325, prescribing medication within eighteen (18) months prior to death falls under current care, making the prescribing physician legally liable to certify the death certificate. Alternatively, family or friends at the scene will have information regarding the identity of the treating physician or clinic.

### ***If I didn't see them, how do I know that this patient wasn't stabbed/shot/poisoned/beaten, etc.?***

Death is reported to the Medical Examiner by police at the scene, or by hospital personnel. In either instance, the Medical Examiner's team relies on the police investigation to assure that there is no evidence of foul play at the scene, or the team relies on hospital personnel to assure them that there no injuries could be documented. Frequently, Medicolegal Death Investigators may join police at the scene to further ascertain if the death was natural.

The Medical Examiner has a legal obligation to sign the death certificate in all non-natural deaths. The Medicolegal Death Investigators only call a physician to sign a death certificate after an investigation has determined that the death was natural. When the Medical Examiner determined that a death was natural and that the primary care physician should sign the death certificate, the investigation process was complete and the decedent was released to the funeral home of the family's choice. That investigation may have been conducted entirely over the phone. Nevertheless, in every such case, the Medical Examiner will generate a Preliminary Report of Death or "PROD", documenting the reasons for the death to be considered natural (and documenting conversations with police, physicians, family members, etc.).

If you have any questions regarding the circumstances surrounding the death and what information lead Investigators to believe the death was natural, you should contact the Office of the Medical Examiner and they will review their information with you.

### ***What if I suspect the Decedent overdosed on of his/her medications (suicide or accident)?***

These concerns should be immediately reported to the Office of the Medical Examiner at the time the death is reported to you. Deaths resulting from drug overdose are not natural. Therefore, in such cases, the Medicolegal Death Investigators will investigate further and possibly assume jurisdiction. The investigation will entail requesting and reviewing the physician's medical records to evaluate documentation of any prior suspicions of the decedent's suicidal ideation, drug abuse, or drug seeking behavior. All of these considerations are relevant to the classification of manner of death. Medicolegal Death Investigators may also speak with close relatives and friends regarding the patients past.

### ***How do I know what the patient died from?***

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The cause of death is rarely a matter of absolute certainty, even when an autopsy is performed. If the death appears due to natural causes and significant natural disease is present the most likely cause of death may be determined from the possible causes of death suggested by the patient's history and/or clinical presentation. This is similar to how a differential diagnosis is generated in living patients.

More than one (1) disease may be listed if necessary in patients with more than one (1) significant disease process. The cause of death may be as broad as needed for an honest reflection of the data available. For instance, "atherosclerotic cardiovascular disease, hypertensive cardiovascular disease, dementia, chronic obstructive pulmonary disease, diabetes mellitus" or similar expressions are valid causes of death and may be listed when more precise determinations are not possible. The cause of death statement is one (1) probability, and the best possible assessment based on the information available.

The difference between cause and mechanism of death warrants discussion. Whether the person died from an arrhythmia or flash pulmonary edema, cardiac arrest, or cardiopulmonary arrest are questions of mechanism of death, not cause of death. Each of these mechanisms describes a terminal physiologic change, not the cause that led to that change. For example, each of these examples typically results from "atherosclerotic cardiovascular disease" as an underlying cause (i.e., the underlying disease leading to the terminal physiologic changes).

*The mechanism of death does not need to be listed on the death certificate (even if known). The diagnostic entity listed on the death certificate should be the underlying cause of death.*

Another way of looking at this is as follows: If you have been treating an elderly patient for hypertension for many years, and the patient dies peacefully at home (natural death) or dies in a hospital emergency room, it does not matter whether the patient had a thalamic hemorrhage, aortic dissection, or sudden arrhythmia. The underlying cause of death, hypertensive cardiovascular disease, is the entity that should be listed on the death certificate (of course, if more specific information is known, that could and should be listed as well: "aortic dissection due to hypertensive cardiovascular disease" for example).

### ***How do I know whether this patient had a myocardial infarct (MI) or a stroke?***

This is another way of looking at the mechanism vs. cause of death.

The underlying disease(s) should be listed. In this instance, "atherosclerotic cardiovascular disease" is the underlying cause, and is a valid cause of death. If you would like to indicate that several mechanisms may be at play you could use the terminology "complications of atherosclerotic cardiovascular disease." Incidentally, other contributing factors or underlying causes (significant co-morbidities) should be listed

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in part 2 of the death certificate. Significant contributory causes of death could include “diabetes mellitus”, “obesity” or “chronic obstructive pulmonary disease” in this example. That being said, the underlying causes should not be a ‘laundry list’ of the decedent’s medical conditions. Degenerative joint disease would have little to do with a death due to myocardial infarct and therefore should not be included on the death certificate.

### ***What legal liability do I have for signing the death certificate?***

Physicians often express concerns regarding the potential to be sued if they sign the death Certificate, yet the same physicians would not hesitate to prescribe medications to the patient before they expired. Frequently physicians are confident enough in their diagnoses to continue to prescribe and refill medications for years after having last seen the patient. The liability in rendering diagnoses and prescribing medications (especially without periodically re-evaluating the patient) is far greater than reiterating those diagnoses on the death certificate.

As long as the certifying physician completes the cause of death using their best medical opinion at the time of certification, they are not held legally liable per Arizona Revised Statutes.

Physicians may also amend the cause of death if additional information regarding the death (lab results, autopsy findings, etc.) becomes available after original certification.

### ***I’m just the covering physician. I don’t know this patient. Why should I sign? How can I speak for the doctor I’m covering?***

A “covering physician” will base treatment decisions on information at hand, perhaps on the attending physician’s notes, or perhaps from conversations with the attending. A covering physician will prescribe medications or order medications or treatment while the attending doctor is unavailable. Handling the responsibility of signing a death certificate (or agreeing to sign for the physician in their absence) should be no more of an onerous responsibility than any other expected duty the attending would be expected to perform.

### ***My patient died in a hospital emergency room. Shouldn’t the ER doctor certify the death certificate?***

Emergency room physicians are not legally responsible for certifying a death certificate for a decedent who dies in the emergency room because they have not provided current care.

Current care does not include services provided in connection with a single event of emergency or urgent care.

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The responsibility to certify the death would fall back on the PCP or any other physician who had provided current care and knows the history of the decedent.

***If I don't sign the death certificate, the Medical Examiner will be required to certify, right?***

If the Medical Examiner's investigation reveals that the death falls outside the Medical Examiner's jurisdiction, *the responsibility for signing the death certificate will fall to the physician who provided current care.*

**The Medical Examiner legally cannot certify a death that does not fall under their jurisdiction.**

A physician refusing to sign the death certificate or simply does not want to, does not mean the medical examiner must sign. A physician cannot waive their legal requirement to certify a death certificate based on their personal preferences.

***I still have questions. Who can I call?***

If you still have questions regarding the death and its' circumstances, contact the Maricopa County Office of the Medical Examiner at 602-506-1138.

If you have questions about how to certify the cause of death, contact the Maricopa County Office of Vital Registration's Medical Certification and Disposition Unit at 602-372-0535.